January 8, 2014

The Honorable Joseph R. Pitts
Chairman, Subcommittee on Health
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

Dear Representative Pitts,

Per your request, below you will find my response to the question for the record posed by Representative Capps. If you have any further questions, please do not hesitate to contact me.

Regards,

J. Leonard Lichtenfeld, MD, MACP
Deputy Chief Medical Officer
American Cancer Society, Inc.

Question from Rep. Lois Capps:

> *Research has shown that for cancer patients and survivors, have [sic] a care plan that is developed by the provider and the patient as a team is key to better health outcomes, patient satisfaction, and can lead to lower health care costs. That is why I authored the Planning Activity for Cancer Treatment (PACT) Act to help make these plans the standard of care.*
>
> *How do you see the medical apps as affecting cancer care?*
>
> *I look forward to seeing how these medical technologies can help make care planning, especially for cancer care, a reality for all who want to be more engaged in their own care.*

Answer:
Mobile applications and innovative software help us organize and plan our professional and personal lives, and they offer the same promise when it comes to a cancer patient's journey from diagnosis through treatment and into survivorship. Applications can be used by patients and/or physicians to make data transactions easier, or they can actively suggest or facilitate decisions and evaluations.

The treatment of cancer typically involves the interaction of numerous healthcare providers and it is important for all of the providers to have the same access to all of a patient's information including the patient's own treatment goals. For a patient, navigation through the multiple providers participating in the patient's care can be complex, especially considering the added physical and emotional stresses created by the disease itself. The use of medical software, such as electronic medical records, can help ensure consistency, accuracy, and availability of information used by both patients and providers alike.

In addition to better organizing clinical data, mobile applications can allow patients to generate their own data. This could include not only their treatment goals but real-time outcomes as well, like pain, nausea, functionality and fatigue, which often go unreported and are difficult for providers to accurately evaluate. These outcomes, often referred to as patient-reported outcomes (PROs), are used to monitor and adjust treatment to ensure a patient's treatment goals are met.

Lastly, research is constantly resulting in new diagnostics and therapies available to treat cancer. Software applications tied into appropriate data sources can aid physicians and patients in selecting the most appropriate options to diagnose and treat specific cancers.

A sample listing of cancer-related software applications has been compiled by the eHealth Initiative and can be found at: http://www.ehidc.org/resource-center/directories/hit-cancer-resource-guide

In short, medical software applications have the potential to flatten the information landscape, providing everyone with the same accurate and up-to-date information, and they also have the potential to better organize, plan and administer treatment. While this potential is enormous, it will only be realized if the applications that are created adhere to evidence, are kept up to date, and accurately perform the functions that they are intended to. Use of applications that do not work correctly or contain outdated information could be worse for patients than not having such applications at all. Like any tool used to fight cancer, the value of software applications will depend on proper design and use.